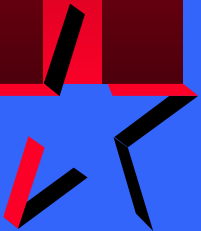


TRICARE



DEERS VERIFICATION

- ★ All beneficiaries must be enrolled in DEERS
- ▢ DEERS must be updated whenever changes in patient/sponsor status occurs, such as retirement or Medicare-eligibility
- ▢ CHCS registration also necessary

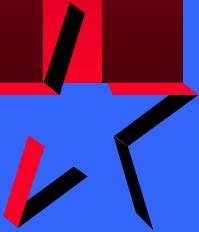
COMPOSITE HEALTH CARE SYSTEM (CHCS)

- ★ Computerized appointment system
 - ▢ Similar to DEERS verification of status/benefits
 - ▢ Creates patient medical records
 - ▢ Lab and x-ray results available for review
 - ▢ To be used throughout CONUS

TRICARE SERVICE CENTER (TSC)

- ▢ A TSC is at every base.
- ▢ First Floor, Room 1E50
- ▢ No appointment necessary
- ▢ Hours of Operation: M-F 0730
-1615

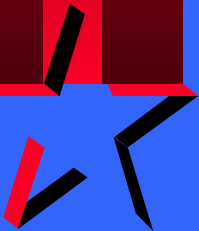
1-800-406-2832



REGION 6

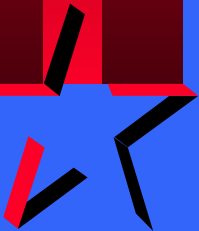
(Soon to change to TRICARE South)

- ▣ Encompasses four states-OK, AR, most of TX and LA
- ▣ Wilford Hall is Lead Agent
- ▣ Health Net Federal Services is Contractor



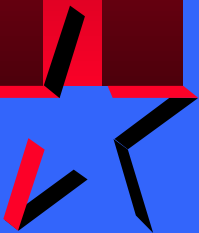
TRICARE PROGRAM OPTIONS

- ▮ STANDARD - Regular CHAMPUS option
- ▮ EXTRA - CHAMPUS option (PPO)
- ▮ PRIME - HMO option



ACTIVE DUTY AND TRICARE

- ★ All Active Duty enrolled in Prime through CHCS
- ▢ Active Duty Prime is not the same as the Prime program for family members and retirees - All care is still provided at an MTF unless otherwise authorized. Active Duty cannot enroll with a civilian Primary Care Manager.

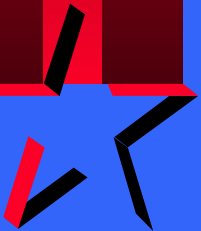


TRICARE STANDARD

- ★ Not insurance, a cost-sharing program
 - ▢ Congress establishes policy
 - ▢ Only pay when you use it
 - ▢ Works well with other insurance
 - ▢ Must know benefits, easy to use
- ** Patient is space-available at the military hospitals.

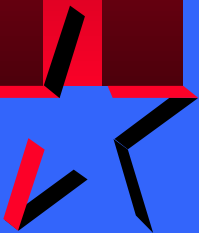
TRICARE STANDARD BENEFITS

- ▮ Most anything medically necessary
- ▮ Pays for doctors, ambulances, hospitals, pharmacies, equipment, etc.
- ▮ DOES NOT PAY for cosmetic, investigational, experimental, custodial care



ADVANTAGES WITH TRICARE STANDARD

- ▮ Greatest freedom of choice of providers
- ▮ Can be used interchangeably with TRICARE Extra
- ▮ No enrollment fees
- ▮ Good option for those who travel or have other insurance



NONAVAILABILITY STATEMENTS

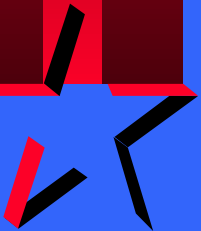
- ★ Only needed for non-emergency inpatient care
- ▢ Patient must live within 40-mile catchment area of a military treatment facility
- ▢ Not needed if patient has primary insurance
- ▢ DOES NOT RELIEVE PATIENT OF PAYMENT RESPONSIBILITY

TRICARE EXTRA

- ★ Preferred Provider Option (PPO)
- ▢ Same TRICARE Standard benefits and deductibles
- ▢ Use network provider listing to get discounts
- ▢ Do not need permission to seek care unless requiring a Nonavailability Statement

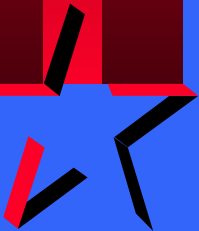
ADVANTAGES WITH EXTRA

- ★ No enrollment fees
- ▢ Network providers ALL accept assignment and file claims
- ▢ Reduced cost-shares
- ▢ Can still be seen space-available at the MTF's
- ▢ Can be used interchangeably with TRICARE Standard



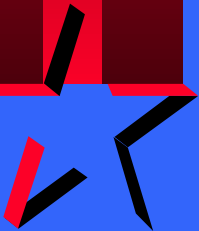
TRICARE PRIME

- ★ Military's managed care plan - Health Maintenance Organization (HMO)
- ▢ Enrollment period of 12 months
- ▢ Enrollment fees for retirees - \$230 individual, \$460 family
- ▢ NO COSTS FOR ACTIVE DUTY FAMILIES (as long as care is authorized in civilian sector)
- ▢ Assigned to a Primary Care Manager who oversees patient's care



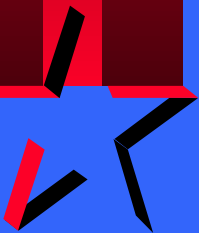
ADVANTAGES OF PRIME

- ▢ Managed Care
- ▢ Higher priority in military system
- ▢ Greatest access/availability to care
- ▢ Costs are greatly reduced compared to same care using TRICARE Standard
- ▢ No claims to file
- ▢ Some enhanced benefits



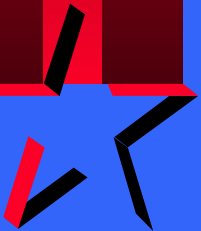
PRIME ACCESS STANDARDS

- ▮ 24 hour access to PCM for acute care
- ▮ One week access for routine care
- ▮ Four week access for specialty and well check ups



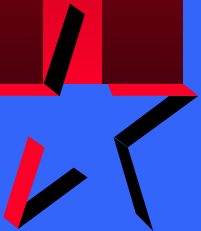
WHAT IS A PRIMARY CARE MANAGER (PCM)?

- ★ A provider who is the patient's first stop in accessing care
- ▢ Responsible for specialty referrals
- ▢ Maintains continuity of care
- ▢ Must give approval for any care outside the PCM
- ▢ Can be with a civilian provider or military base



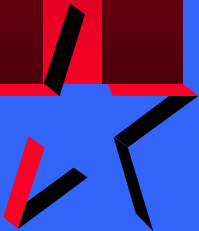
CARE AWAY FROM THE PCM

- ▢ Must call toll free number on PRIME card for authorization, if not able to get to PCM
- ▢ EMERGENCY CARE does not require preauthorization
- ▢ Will use Point of Service Option if authorization not received



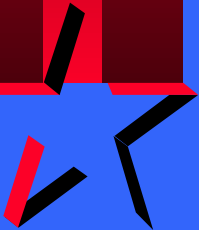
POINT OF SERVICE OPTION

- ▮ Gives beneficiary option of using any provider outside of PCM
- ▮ Designed to discourage care outside of PCM if possible
- ▮ COSTS INVOLVED - \$300/ded per indiv and 50% of care



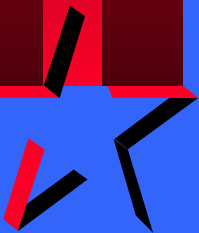
CHANGES TO TRICARE

- Maternity Care after 28 Dec 03 (no need for NAS)
- Reducing number of regions from 3 to 12 (easier continuity between regions)
- Contractor will change to Humana in 2004
- No change in benefits or costs



BCAC/DCAO

- ★ Beneficiary Counseling and Assistance Coordinator (BCAC) – help with all TRICARE, health benefit issues
- ▢ Debt Collection Assistance Officer (DCAO) – helps with claims issues not resolved through the TRICARE Service Center
- ▢ Call 292-3706 or 292-2667 for assistance



QUESTIONS?

